## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000047208

Entity Name: BELLA SMILE DENTISTRY LLC

**Current Principal Place of Business:** 

2720 SW 97TH AVE SUITE 101 MIAMI, FL 33165

**FILED** May 01, 2024 **Secretary of State** 8081928386CC

## **Current Mailing Address:**

2720 SW 97TH AVE SUITE 101 MIAMI, FL 33165 US

FEI Number: 46-2466594 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

RAMOS MENDOZA, JORGE DMD 2720 SW 97TH AVE SUITE 101 MIAMI, FL 33165 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGRM Title AUTHORIZED REPRESENTATIVE

Name RAMOS MENDOZA, JORGE DMD Name TRUJILLO, GISELA

2720 SW 97 AVE 2720 SW 97TH AVE Address Address SUITE 101 SUITE 101

City-State-Zip: MIAMI FL 33165 City-State-Zip: MIAMI FL 33165

Title **AUTHORIZED REPRESENTATIVE** Title **AUTHORIZED REPRESENTATIVE** 

Name RAMOS, GEORGE Name RAMOS, KEVIN Address 2720 SW 97TH AVE Address 2720 SW 97TH AVE

SUITE 101 SUITE 101

City-State-Zip: MIAMI FL 33165 City-State-Zip: MIAMI FL 33165

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JORGE RAMOS MENDOZA, DMD

**MGRM** 

05/01/2024